



COMMONWEALTH OF MASSACHUSETTS

TOWN OF ABINGTON

INSPECTIONAL SERVICES

500 GLINIEWICZ WAY

ABINGTON, MA 02351

TEL: 781-982-2105

APPLICATION FOR BUILDING PERMIT

PERMIT NO. _____
FEE: _____
PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK Date:

Required Approvals: (to be completed by Authorized Personnel Only)

Sewer Dept: _____

Water Dept: _____

Health Dept: _____

Fire Dept: _____

Conservation Commission: _____

Planning: _____

Highway Dept: _____

**Treasurer/Collector's Office
(Signature Required):** _____

Assessors: Map..... Plot.....

Other: _____

TO THE INSPECTOR OF BUILDINGS: The undersigned hereby applies for a permit to: ☐ Build, ☐ Alter,
☐ Demolish, ☐ Move, according to the following specifications:

1. Address of Job Site: _____
2. Owner of Property: _____ Tel: _____
Address of Owner: _____
3. Name of Contractor: _____ Tel: _____
Address of Contractor: _____
4. Construction Supervisor's License #: _____ (photocopy required)
Home Improvement Contractor Registration #: _____ (photocopy required)
5. Type of Construction:
FRAME: _____ Wood _____ Concrete/Steel _____ Brick/Block
WALLS: _____ Studs _____ Pre-Cast _____ Brick/Block
FOUNDATION: _____ Concrete _____ Piles _____ Other _____
6. Number of Stories: _____
7. How is building to be occupied: ☐ Residential ☐ Business ☐ Industrial ☐ Other. If Residential, number of families _____
If Business, number of units: _____
8. Brief Description of work to be performed: _____

9. Estimated Value of Project: \$ _____
10. Plans Submitted: ☐ Yes ☐ No
Fee **must accompany applications and plans must be submitted with applications (including plot plan if applicable). All permits must be obtained before commencing work of any kind**, including wiring, plumbing, gas fitting earth removal, or: _____

All inspections must be made, approved and occupancy permit obtained before the building (or pool) is occupied. I agree to notify the Inspectors when the building or structure is ready for each inspection and to obtain approval before any work will be concealed. I also hereby agree that all of the proposed work shall be done in strict compliance with the Zoning By-Laws, Massachusetts State Building Code, Board of Health Regulations or the requirements of any other Town Department as necessary.

Note: Homeowners obtaining building permits under a license waiver are not eligible for compensation under the State Home Improvement Contractor Program. All work to be performed in accordance with Massachusetts State Building Code 780 CMR.

Signature of owner or authorized representative in charge of work: _____

Approval by Building Official: _____ Date: _____